

MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

* Item must be filled
†To delete accordingly

Surname (Last Name)*

Given Name (First Name)*

Date of Birth*

DD-MM-YYYY

NRIC / Passport No.*

Gender†

M / F

Email

Telephone No.*

Address*

CLINICIAN INFORMATION

Doctor in charge

Hospital

I want to apply / renew† membership with the Association as:

- An ordinary member (annual subscription SGD15.00)
- A life member (one time fee of SGD100.00)
- A corporate member (annual subscription SGD500.00)
- Supplementary member (annual subscription SGD5.00) - Only for spouse/family member

SPOUSE/FAMILY INFORMATION

Surname (Last Name)*

Given Name (First Name)*

Date of Birth*

DD-MM-YYYY

NRIC / Passport No.*

Gender†

M / F

Relationship

DONATION

I wish to donate SGD _____ to the Lupus Association Singapore.
(donations above SGD20.00 are tax-exempted)

- Cash
- Cheque No.: _____
Cheques must be crossed and made payable to: **Lupus Association (Singapore)**
- Bank transfer
DBS 024-006536-7

DONOR INFORMATION

Name or Company Name
(Mr/Mrs/Mdm/Ms/Dr)

Address

NRIC/ROB/ROC No.

Telephone No.

Email

Please return this form with the cheque (if applicable) to Lupus Association (S), Towner Road P.O. Box 460. Singapore 322101. For more information, please call 6254 9130 (12pm-5pm, Mon-Fri) or send us an e-mail at enquiry@e-lupus.org. Visit us @ <http://www.e-lupus.org>.

